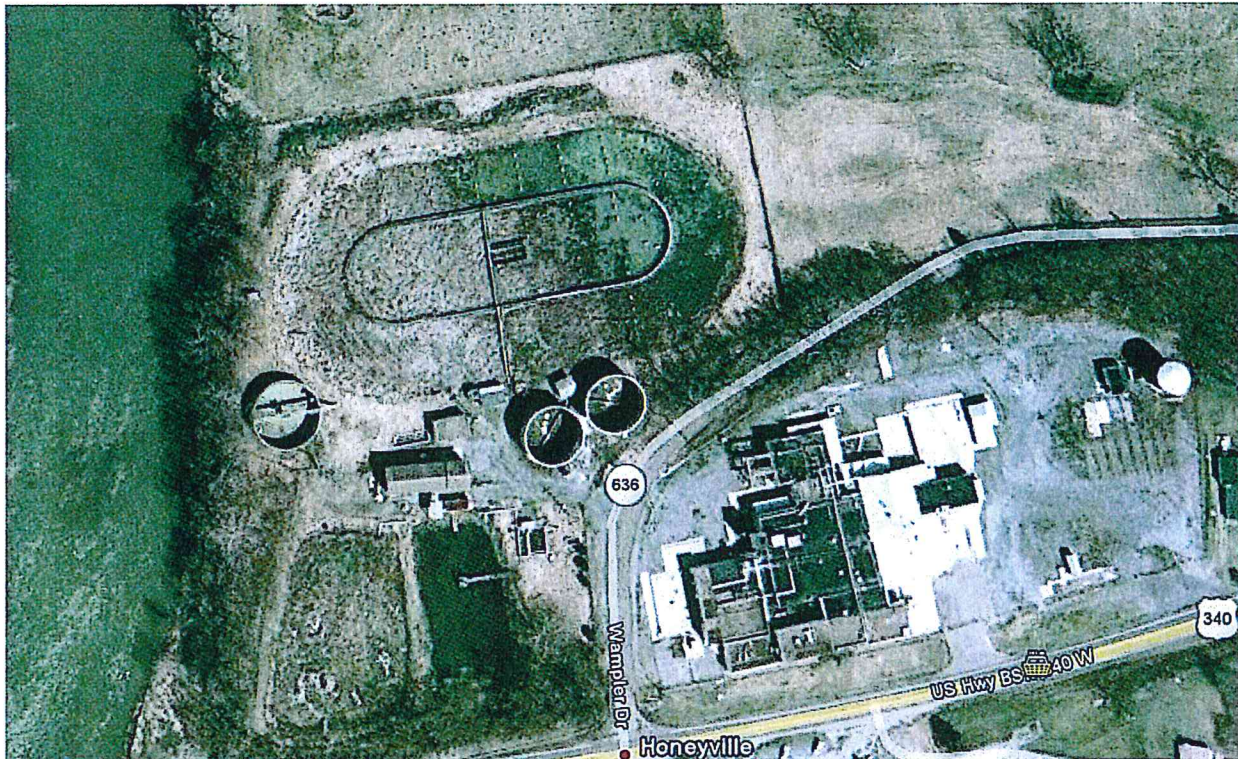


# JP Salyards Transportation, LLC

PO Box 46, Stanley VA 22851 \* 540-778-2424

## 2014 VPDES Permit Applications



9/10/2014

Blackwell Engineering, PLC  
566 East Market Street  
Harrisonburg, VA 22801  
540-432-9555

BE: SWVA01-04

## Table of Contents

## SECTION

Billing Information Form.....	I
Public Notice.....	II
General Permit Registration Statement.....	III
VPDES Permit Application Addendum.....	IV
Application Form 1 .....	V
Application Form 2C .....	VI
VPDES Sewage Sludge Permit Application.....	VII
Location Map .....	VIII
Ariel Map .....	IX
1 Mile Radius Topo Map .....	X
Acceptance Letter .....	XI

RECEIVED

DEQ – Valley

SEP 11 2014

To: \_\_\_\_\_

FILE: \_\_\_\_\_



**VPDES/VPA Permit Billing Information Form  
for Annual Maintenance Fee**

**Facility Name:** Alma Plant

**Permit Number:** VA0001961

**Tax Payer ID (Federal  
Identification Number):** 202720354

**Social Security Number  
if no Tax Payer ID:** \_\_\_\_\_

**Owner Name:** JP Salyards Transportation, LLC

**Owner Address:** 1610 South Main Street

Harrisonburg, VA 22801

**Billing Contact Name:** Joseph Salyards, II

**Title:** Sole Member

**Phone Number:** 540-435-1859

**E-Mail Address:** jpsalyards@gmail.com

**DEQ VALLEY**

**SEP 11 2014**

**To:** \_\_\_\_\_

**Date:** \_\_\_\_\_

PUBLIC NOTICE BILLING INFORMATION

I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in **Daily News-Record**, 231 South Liberty Street, P.O. Box 193, Harrisonburg, VA 22801, Tel. (540) 574-6200 in accordance with 9 VAC 25-31-290.C.2.

Agent/Department to be billed: JP Salyards Transportation, LLC

Owner: Same

Agent/Department Address: 1610 South Main Street

Harrisonburg, VA 22801

Agent's Telephone No.: 540-435-1859

Printed Name: Joseph P. Salyards, II

Authorizing Agent – Signature: 

Date: 9-11-14

**Attention Permittee:** Please complete the above information and return this form within 14 days to Keith Showman, DEQ-Valley Regional Office, P. O. Box 3000, Harrisonburg, Virginia 22801.

VPDES Permit No. VA0001961  
Alma Plant

DEQ VALLEY

SEP 11 2014

To: \_\_\_\_\_  
Date: \_\_\_\_\_

**VPDES General Permit Registration Statement  
Industrial Activity Storm Water Discharges (VAR05)**

(Please Type or Print All Information)

**1a. Property Owner of the Facility Site**

Name: JP Salyards Transportation, LLC

Mailing Address: 1610 South Main Street

City: Harrisonburg State: VA Zip: 22801 Phone: (540) 435-1859

E-Mail Address (where available): jpsalyards@gmail.com

**1b. Operator Applying For Permit Coverage (if different than "1a")**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address (where available): \_\_\_\_\_

**1c. Responsible Party Requesting Permit Coverage, and Who Will Be Legally Responsible For Compliance With This Permit**

Name: JP Salyards Transportation, LLC

Mailing Address: 1610 South Main Street

City: Harrisonburg State: VA Zip: 22801 Phone: (540) 435-1859

E-Mail Address (where available): jpsalyards@gmail.com

**DEQ VALLEY**

**SEP 11 2014**

**2. Facility Information**

Facility Name: Alma Plant

Address: 3426 US Highway 340 Business West

City: Stanley State: VA Zip: 22851

County Name: Page

Contact Name: Jody Salyards

Phone: 540-435-1859

E-Mail Address (where available): jpsalyards@gmail.com

To: \_\_\_\_\_  
Date: \_\_\_\_\_

**3. Facility Ownership Status:** Federal ☐ State ☐ Public ☐ Private ☒ (Check one only)

**4. Name(s) of the receiving water(s) that storm water is discharged into:** South Fork Shenandoah River

**5. If the discharge is through a municipal separate storm sewer system (MS4), the name of the municipal operator of the storm sewer:** N/A

**Additional notification for discharges to MS4s.** If the facility's storm water discharges are through an MS4, the owner must notify the operator of the municipal system receiving the discharge, and submit a copy of their registration statement to the municipal system operator.

**6. VPDES Permit Numbers for all permits assigned to the facility:** VA0001961



7. Attach a copy of the general location map from the SWPPP and the site map from the SWPPP.
8. Identify up to four 4-digit Standard Industrial Classification (SIC) Codes or 2-letter Industrial Activity Codes that best represent the principal products or services rendered by the facility and major co-located activities.

4-Digit SIC Codes or 2-letter Industrial Activity Codes: 2015 5093 \_\_\_\_\_

(The 2-letter Industrial Activity Codes are: **HZ** - hazardous waste treatment, storage, or disposal facilities; **LF** - landfills/disposal facilities that receive or have received any industrial wastes; **SE** - steam electric power generating facilities; or, **TW** - treatment works treating domestic sewage)

9. Attach a list identifying all applicable industrial sectors (see instructions) that cover the discharges associated with industrial activity from the facility and from any co-located industrial activities that will be covered under this permit. Also identify the storm water outfalls associated with each identified sector.

In addition to attaching the list, answer the questions below as they apply to the facility's discharges:

- For landfills, indicate the type of landfill: N/A
- For timber products operations, indicate which outfalls (if any) receive discharges from wet decking areas:  
N/A
- For all facilities, indicate which outfalls (if any) receive discharges from coal storage piles:  
N/A
- For asphalt paving and roofing materials manufacturers, indicate which outfalls (if any) receive discharges from areas where production of asphalt paving and roofing emulsions occurs:  
N/A
- For cement manufacturing facilities, indicate which outfalls (if any) receive discharges from material storage piles:  
N/A

10. **Certification:** "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations."

Print Name Joseoh P. Salyards, II Title: Sole Memeber

Signature: [Signature] Date: 9-11-14

11. **Would you like your permit sent to you electronically?** Yes ☐ No ☒

If "Yes", please list the email address to send it to:

DEQ VALLEY

SEP 11 2014

To: \_\_\_\_\_

Date: \_\_\_\_\_

**For Department of Environmental Quality Use Only**

Accepted/Not Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

Basin \_\_\_\_\_ Stream Class \_\_\_\_\_ Section \_\_\_\_\_ Special Standards \_\_\_\_\_


Antidegradation Checked? Yes ☐ No ☐ Is The Discharge to Impaired Waters? Yes ☐ No ☐

Has a TMDL been established? Yes ☐ No ☐ N/A ☐ Is the TMDL EPA approved? Yes ☐ No ☐ N/A ☐

ATTACHMENT

Current - Falls under Sector N – Outfall 001

**Outfall 002 has been plugged as shown in attached photos; therefore any reference to outfall 002 in any applications can be ignored.**



# UNITED STATES DEPARTMENT OF LABOR

## OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION

[www.OSHA.gov](http://www.OSHA.gov)[A-Z Index: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z](#)

### SIC Description for 5093

### Description for 5093: Scrap and Waste Materials

---

Division F: Wholesale Trade

Major Group 50: Wholesale Trade-durable Goods

Industry Group 509: Miscellaneous Durable Goods

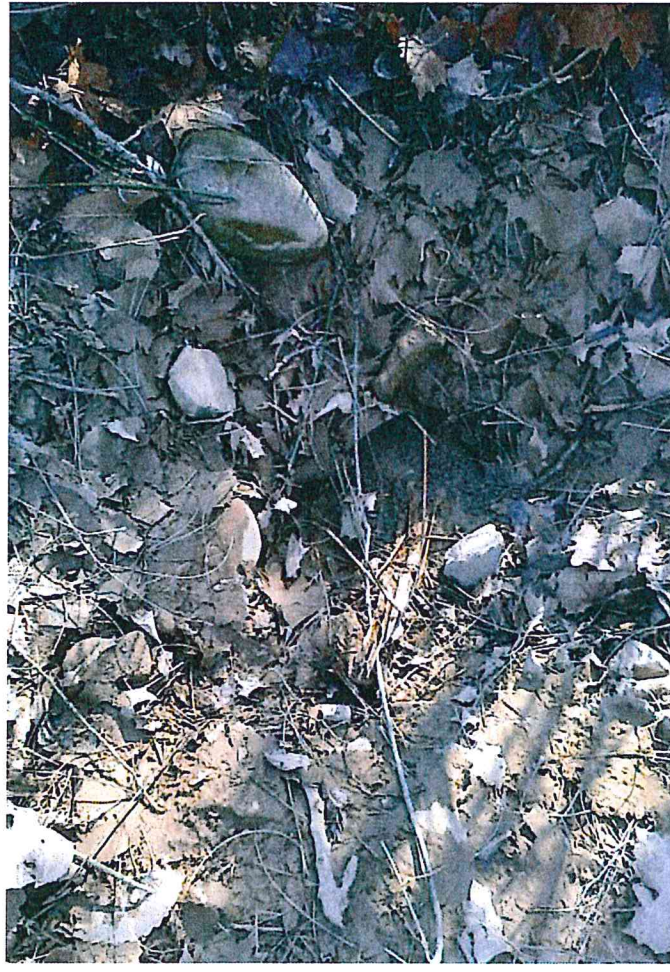
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5093 Scrap and Waste Materials

Establishments primarily engaged in assembling, breaking up, sorting, and wholesale distribution of scrap and waste materials. This industry includes auto wreckers engaged in dismantling automobiles for scrap. However, those engaged in dismantling cars for the purpose of selling secondhand parts are classified in Industry 5015.

- Automotive wrecking for scrap-wholesale Bag
- Bottles, waste-wholesale
- Boxes, waste-wholesale
- Fur cuttings and scraps-wholesale
- Iron and steel scrap-wholesale
- Junk and scrap, general line-wholesale
- Metal waste and scrap-wholesale
- Nonferrous metals scrap-wholesale
- Oil, waste-wholesale
- Plastics scrap-wholesale
- Rags-wholesale
- Rubber scrap-wholesale
- Scavenging-wholesale
- Scrap and waste materials-wholesale
- Textile waste-wholesale
- Wastepaper, including paper recycling-wholesale
- Wiping rags, including washing and reconditioning-wholesale









### VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** JP Salyards Transportation, LLC  
*Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.*
2. **Is this facility located within city or town boundaries?** ☒ YES ☐ NO  
Include a topographic map identifying the location of the facility, the property boundaries, and the discharge point.
3. **What is the tax map parcel number for the land where this facility is located?** 70-A-7
4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 0

5. **ALL FACILITIES:** What is the design average flow of this facility? 1.0 MGD  
Industrial facilities: What is the maximum 30-day avg. production level (include units)? 800,000 live lbspd

In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? ☒ YES ☐ NO

If "Yes", please specify the other flow tiers (in MGD) or production levels: \_\_\_\_\_  
Please consider: Is your facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

6. **Nature of operations generating wastewater:**  
Poultry processing with slaughtering, evisceration, chilling and packing. Also include is wastewater generated from 600 employees.  
<1% % of flow from domestic connections/sources  
Number of private residences to be served by the wastewater treatment facilities: ☒ 0 ☐ 1-49 ☐ 50 or more  
>99% % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☒ Continuous ☐ Intermittent ☐ Seasonal  
Describe frequency and duration of intermittent or seasonal discharges:  
52 weeks a year, but no discharge on weekends unless production is in operation
8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**  
☒ Permanent stream, never dry  
☐ Intermittent stream, usually flowing, sometimes dry  
☐ Ephemeral stream, wet-weather flow, often dry  
☐ Effluent-dependent stream, usually or always dry  
☐ Lake or pond at or below the discharge point  
☐ Other: \_\_\_\_\_

### 9. **Consent to receive electronic mail**

The Department of Environmental Quality (DEQ) may deliver permits, certifications and plan approvals to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

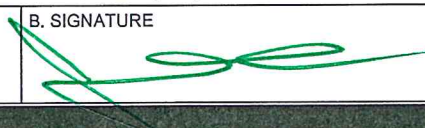
- ☐ Applicant or permittee agrees to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.  
Please provide email: \_\_\_\_\_
- ☒ Applicant or permittee declines to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity.



FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
				S	T/A
				F	C
				1	2
				13	14
				15	
LABEL ITEMS				GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
I. EPA I.D. NUMBER					
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		Mark "X"		SPECIFIC QUESTIONS	
		YES	NO	FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			X		
		16	17	18	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		X	
		22	23	24	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)			X		
		28	29	30	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X		
		34	35	36	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		
		40	41	42	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)			X		
		19	20	21	
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			X		
		25	26	27	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			X		
		31	32	33	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			X		
		37	38	39	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		
		43	44	45	
III. NAME OF FACILITY					
c 1 SKIP Alma Plant					
15 16 - 29 30 69					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)					
c 2 Joseph P. Salyards, II Sole Member					
15 16 45 46 48 49 51 52- 55					
B. PHONE (area code & no.)					
(540) 435-1859					
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
c 3 1610 South Main Street					
15 16 45					
B. CITY OR TOWN					
c 4 Harrisonburg					
15 16 40 41 42 47 51					
C. STATE					
VA					
D. ZIP CODE					
22801					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
c 5 3426 US Highway 340 Business West					
15 16 45					
B. COUNTY NAME					
Page					
46 70					
C. CITY OR TOWN					
c 6 Stanley					
15 16 40 41 42 47 51 52 -54					
D. STATE					
VA					
E. ZIP CODE					
22851					
F. COUNTY CODE (if known)					
139					



CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)																				
A. FIRST										B. SECOND										
C	7	2	0	1	5	(specify)				C	7	5	0	9	3	(specify)				
15	16	-	19												15	16	-	19		
C. THIRD										D. FOURTH										
C	7	(specify)								C	7	(specify)								
15	16	-	19												15	16	-	19		
VIII. OPERATOR INFORMATION																				
A. NAME													B. Is the name listed in Item VIII-A also the owner?							
C	8	JP Salyards Transportation, LLC												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
15	16													55	68					
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)													D. PHONE (area code & no.)							
F = FEDERAL					M = PUBLIC (other than federal or state)					P (specify)			A (540) 778-2424							
S = STATE					O = OTHER (specify)															
P = PRIVATE																				
E. STREET OR P.O. BOX																				
1610 South Main Street																				
F. CITY OR TOWN													G. STATE	H. ZIP CODE	IX. INDIAN LAND					
C	B	Harrisonburg											VA	22801	Is the facility located on Indian lands?					
15	16												40	41	42	47	-	51	52	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
X. EXISTING ENVIRONMENTAL PERMITS																				
A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)										
C	T	I								C	T	I								
9	N		VA0001961							9	P									
15	16	17	18								30	15	16	17	18					
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)										
C	T	I								C	T	I								
9	U									9										
15	16	17	18								30	15	16	17	18					
C. RCRA (Hazardous Wastes)										E. OTHER (specify)										
C	T	I								C	T	I								
9	R									9										
15	16	17	18								30	15	16	17	18					
XI. MAP																				
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.																				
XII. NATURE OF BUSINESS (provide a brief description)																				
The wastewater treatment and discharge system was originally designed for a poultry processing plant.  The facility, which is owned by JP Salyards Properties, LLC, an affiliate of the permit owner, is not currently in operation, but operations as a poultry plant could be reinstated at any time.  The facility is currently being used as a material recovery operation. Scrap metal and wood products are purchased and brought to the facility for processing and subsequent sale to various industries. At present, the facility employs approximately thirty-seven (37) employees.  Current Operations: Domestic wastewater and material recovery yard stormwater flow into a concrete pit that discharges to lagoon #1. Current flows volume is less than the evaporation rate from the lagoons, thus there has not been a discharge since the poultry processing operation was ceased.																				
XIII. CERTIFICATION (see instructions)																				
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.																				
A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE			C. DATE SIGNED							
Joseph P. Salyards, II Sole Member													9-11-14							
COMMENTS FOR OFFICIAL USE ONLY																				
C																				
15	16														55					



Form Approved.  
OMB No. 2040-0086.  
Approval expires 3-31-98.

FORM <b>2C</b> NPDES		<b>EPA</b>		U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER <b>EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURE OPERATIONS</b> <i>Consolidated Permits Program</i>			
<b>I. OUTFALL LOCATION</b>							
For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.							
A. OUTFALL NUMBER <i>(list)</i>	B. LATITUDE			C. LONGITUDE			D. RECEIVING WATER <i>(name)</i>
	1. DEG.	2. MIN.	3. SEC.	1. DEG.	2. MIN.	3. SEC.	
001	38.00	35.00	27.00	78.00	33.00	57.00	South fork Shenandoah River
<b>II. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES</b>							
A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed descriptions in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined ( <i>e.g., for certain mining activities</i> ), provide a pictorial description of the nature and amount of any sources of water and any collection or treatment measures.							
B. For each outfall, provide a description of: (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.							
1. OUTFALL NO. <i>(list)</i>	2. OPERATION(S) CONTRIBUTING FLOW		3. TREATMENT				
	a. OPERATION <i>(list)</i>	b. AVERAGE FLOW <i>(include units)</i>	a. DESCRIPTION		b. LIST CODES FROM TABLE 2C-1		
001	Current (Materials Recycle)	<1,000 gpd	Domestic wastewater and material recovery yard stormwater flow into a concrete pit that discharges to lagoon #1. Current flows volume is less than the evaporation rate from the lagoons, thus there has not been a discharge since the poultry processing operation was ceased.				
002	Not in use at this time						

OFFICIAL USE ONLY (*effluent guidelines sub-categories*)

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ YES (complete the following table)☒ NO (go to Section III)

1. OUTFALL NUMBER <i>(list)</i>	2. OPERATION(s) CONTRIBUTING FLOW <i>(list)</i>	3. FREQUENCY		4. FLOW					
		a. DAYS PER WEEK <i>(specify average)</i>	b. MONTHS PER YEAR <i>(specify average)</i>	a. FLOW RATE <i>(in mgd)</i>		B. TOTAL VOLUME <i>(specify with units)</i>		C. DURATION <i>(in days)</i>	
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY		

## III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ YES (complete Item III-B)☐ NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

☒ YES (complete Item III-C)☐ NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION			2. AFFECTED OUTFALLS (list outfall numbers)
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)	
Current N/A			
As Poultry Processing Plant: 650,000 to 800,000	LWK lb/day	slaughtering, evisceration, chilling and packing	001

## IV. IMPROVEMENTS

A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES (complete the following table)☒ NO (go to Item IV-B)

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE	
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED



CONTINUED FROM PAGE 2

## V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.  
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
None			

## VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below )

☒ NO (go to Item VI-B)

CONTINUED FROM THE FRONT

**VII. BIOLOGICAL TOXICITY TESTING DATA**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES (identify the test(s) and describe their purposes below)

☒ NO (go to Section VIII)

\*last toxicity testing when facility was operated as a poultry processing plant.

**VIII. CONTRACT ANALYSIS INFORMATION**

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?


☐ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☒ NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)

**IX. CERTIFICATION**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print) Jody Salyards, Sole Member	B. PHONE NO. (area code & no.) (540) 778-2424
C. SIGNATURE 	D. DATE SIGNED 9-11-14